IPDR6702				NORTH CAROLINA		PAGE:	1	
	: 02/19/2007		IPRS	CHECKWRITE SUMMARY REPORT		PAGE :	Ì	
				ECKWRITE DATE: 02/20/2007				
			FINANCIAL PAYER: NCDMH					1
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	174	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	H/DD/SAS			Della				
		8536	112	ATTENDING PROVIDER TYPE AND SP		1 621	732	111
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALUE TO COLUMN THE DELLA TO				
		8505	111	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	8505	350	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8534	124	SERVICE FACILITY LOCATION IS N				
		0331		OT A VALID IPRS ATTENDING		0 600	9117	8517
				PROVIDER. PLEASE VERIFY THE F				
		0522	0.0					
		8533	93	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER		-		
				OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.		+	1	
3404910	PATHWAYS	8599	202	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACAME.				
		23	139	SERVICE REQUIRES PRIOR APPROVA		18 493	3537	3042
				L				
		8536	65	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404912		8599	11	DETENT NOT COMEDED BY COMPANY				
3404912	CATAWBA COUNTYM ENTAL HEALT	0099	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENIAD HEAD!			BENEFIT PACKAGE.				
		8537	8	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND		0 27	2901	2874
				SPECIALTY IN ACCORDANCE TO MEN				
		191	5	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8599	626	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	283	CLAIM DENIED, SUBMITTED BEYOND		3 1612	12125	10513
				FILING TIMELIMIT. PRIOR		3 1012	12123	10313
				FISCAL YEAR DOS (JULY 1 - JUNE				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE			1	
				DATE		+	 	
		0510	2.5				ļ	
3404916	CROSSROADS BEHA	8518	36	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR			-	1
	VIORAL HEAL			FISCAL YEAR DOS (JULY 1 - JUNE		+	<u> </u>	
		79	25	THIS SERVICE IS NOT PAYABLE TO		0 116	2074	1958
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				,		+	 	
		8505	13	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET		1	.	1
						+	 	
3404917	CENTERPOINT HUM	8505	2796	CLAIM DENIED DUE TO INSUFFICIE			 	
	AN SERVICES			NT BUDGET				
						1		
		8536	45	ATTENDING PROVIDER TYPE AND SP		0		
				ECIALTY COMBINATION IS NOT		0 2955	5096	2141
				VALID FOR SUBMITTED BILLING PR		+	t	
			00					
			22	THIS SERVICE IS NOT PAYABLE TO	1	1		1
		79						
		79	22	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	3412	86	PROVIDER TYPE AND SPECIALTY 07				
	TAL HEALTHC			4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	181	7113	6932
				BENEFIT PACKAGE.				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920	ALAMANCE CASWEL	8505	157	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	121	DUPLICATE OF CLAIM-SYSTEM	0	411	1222	811
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404021		F212	1061	DETOD AUTHORITIED DOLLARO BYOTH				
3404921	ORANGE PERSON C HATHAM AREA	5312	1061	PRIOR AUTHORIZED DOLLARS EXCEE DED				
	+	8505	380	CLAIM DENIED DUE TO INSUFFICIE	1	1962	3567	1605
				NT BUDGET	1	1902	330/	1005
		1						
		11	88	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404922	THE DURHAM CENT	8505	133	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8935	26	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	26	245	3673	3428
		21	25	DUPLICATE OF CLAIM-SYSTEM				
		21	25	DUPLICATE OF CLAIM-SISTEM				
3404923	FIVE COUNTY MH	5404	96	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
		8329	52	CLAIM DENIED ATTENDING PROVIDE	0	295	3605	3310
				R CANNOT BE THE SAME AS THE LMA				
		191	37	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404925	SANDHILLS CENTE	8599	598	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD			BENEFIT PACKAGE.				
		8505	245	CLAIM DENIED DUE TO INSUFFICIE		2.0	80.5	
				NT BUDGET	12	1283	7888	6605
		3412	149	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
	+	1		BENEFIT SERVICES ON OR AFTER D				-
3404926	SOUTHEASTERN RE	11	165	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL	1		DATE				-
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	5	319	2821	2502
	<u> </u>			BENEFIT PACKAGE.				
		22	16	CEDUTCE DECUTDES DRIVE ADDRAGE				
	 	23	46	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M	8599	104	DETAIL NOT COVERED BY COMBINAT				-
	HC HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				<u> </u>
		11	98	CLIENT NOT ELIGIBLE ON SERVICE	0	274	1982	1708
				DATE				
		21	31	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER								
		HIGH DENIAL	NUMBER OF		marci	momay	TOTAL	TOTAL
	DDOLLTDED MANE	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	
	PROVIDER NAME	2020	Danishad	DEGGET TOW	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	163	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
	PINTE REINC							
		23	117	SERVICE REQUIRES PRIOR APPROVA	0	485	2944	2459
				L		403	2311	2433
		10	63	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	21	324	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
	BILLING OF							
		8518	150	CLAIM DENIED, SUBMITTED BEYOND	5	748	2378	1630
				FILING TIMELIMIT. PRIOR	-	7.10	2370	1030
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	134	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1						
3404933	SOUTHEASTERN CT	11	173	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD	1	-	DATE				
	K FUR ME/DD	+						
	+	+						
		8599	98	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND	0	356	2595	2239
	1	1	1	BENEFIT PACKAGE.				
	1	1	1	DESERT I PROPRIE.				
		0522	39	DROGERYING TO NOW DAVABLE BOD V				
		8537	39	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALTY IN ACCORDANCE TO MEN				
2404024		21	204	DVIDY TOWNS OF OUR TWO OVORSIN				
3404934	ONSLOW CARTERET	21	204	DUPLICATE OF CLAIM-SYSTEM				
	BEHAV HEAL							
		8599	183	DETAIL NOT COVERED BY COMBINAT	0	850	1893	1043
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	124					
		11	124					
3404935	WAYNE CO MENTAL	0	0					
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	DATE				
3404935		0	0	DATE				
3404935		0	0	DATE				
3404935		0	0	DATE	0	0	0	0
3404935		0	0	DATE	0	0	0	0
3404935		0	0	DATE	0	0	0	0
3404935	HEALTH CTR	0 0 8505	0	DATE	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0	0	DATE *** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR	0	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0			0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0			0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0			0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0			0 1063
	HEALTH CTR WILSON-GREENE M	0 0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	0			0
	HEALTH CTR WILSON-GREENE M	0 0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0			0
	HEALTH CTR WILSON-GREENE M	0 0 0 8505	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			1063
3404936	HEALTH CTR MILSON-GREENE M ENTAL HEALT	0 0 8505	0 0 504 5	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			1063
	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 0 8505	0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND	0			1063
3404936	HEALTH CTR MILSON-GREENE M ENTAL HEALT	0 0 8505	0 0 504 5	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0			0
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505	0 0 504 5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND	0			1063
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 21 21 8599	0 0 504 5	CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505	0 0 504 5	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0		1583	1063
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 21 21 8599	0 0 504 5	CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 0 8505 21 21 8599	0 0 504 5	CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH NNTL HLTH C	0 0 8505 21 8599 8518	0 0 504 5 5	CLAIM DENIED DUE TO INSUFFICIE THE SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 0 8505 21 21 8599	0 0 504 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE WIT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH NNTL HLTH C	0 0 8505 21 8599 8518	0 0 504 5 5	CLAIM DENIED DUE TO INSUFFICIE THE SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR		520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 8505 21 8599 8518	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE WIT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY	0	520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	8599 8518 8554	0 0 504 5 5	CLAIM DENIED DUE TO INSUFFICIE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 8505 21 8599 8518	0 0 504 5 5	CLAIM DENIED DUE TO INSUFFICIE THE SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE DETAIL NOT COVERED BY COMBINAT	0	520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	8599 8518 8554	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR WITHOUT PRIOR DIPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	8599 8518 8554	0 0 504 5 5	CLAIM DENIED DUE TO INSUFFICIE THE SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE DETAIL NOT COVERED BY COMBINAT		520	1583	
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 8505 21 21 8599 8518 21 21	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMBLIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	8599 8518 8554	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR WITHOUT PRIOR DIPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 8505 21 21 8599 8518 21 21	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMBLIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		520	1583	1192
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT ELGECOMBE NASH NOTE HEAT NEUSE MENTAL HE	0 0 8505 21 21 8599 8518 21 21	0 0 504 5 5	*** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM ONLY 16 UNITS ALLOWED PER DAY NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO		520	1583	1192

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	27	13	DIAGNOSIS CODE MISSING OR INVA				
	AS CENTER			LID. VERIFY AND ENTER THE				
	no contac			CORRECT DIAGNOSIS CODE AND SUB				
		669	12	OTHER DIAGNOSIS CODE 3 IS INVA		0 34	1803	1769
				LID				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
		0399	0	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	11	28	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		0 42	1082	1040
				PROVIDER TYPE AND SPECIALTY IN				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA	8536	232	ATTENDING PROVIDER TYPE AND SP				
	L HEALTH CE			ECIALTY COMBINATION IS NOT		1		
				VALID FOR SUBMITTED BILLING PR		+		1
		79	76	THIS SERVICE IS NOT PAYABLE TO			944	554
				YOUR SUBMITTED BILLING		1 390	944	554
				PROVIDER TYPE AND SPECIALTY IN				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	21	2170	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8622	61	60 RESIDENTIAL LEVEL II TREATM		1 2258	0555	200
			-	ENT RECEIVED, PA IS REQUIRED		2250	2566	308
				FOR ADDITIONAL SERVICE.				
		8518	10	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAM	8537	271	PROCEDURE IS NOT PAYABLE FOR Y				
	ENTAL HEALT			OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALTY IN ACCORDANCE TO MEN				
		8329	45	CLAIM DENIED ATTENDING PROVIDE		460	21.00	0.000
				R CANNOT BE THE SAME AS		5 467	3100	2633
				THE LMA				
				+		1		
		143	34	CLIENT ID NUMBER NOT ON STATE		1		
				ELIGIBILITY FILE				
2404052		101	140	CLIENT ID NUMBER DOES NOT MATC		1		
3404957	TIDELAND MENTAL	191	148	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		+		
	HEALTH CTR			A ANALENI MANE		+		
						+		
		8505	118	CLAIM DENIED DUE TO INSUFFICIE		4 335	1391	1056
				NT BUDGET		- 335	1391	1036
						1		
						1		
		8800	31	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404022		0505	225	CLAIM DENTED DVID TO THE		1		
3404979	NEW RIVER AREAM	8505	235	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		1		
	H/DD/SA PRO			NI BOLAGEI		+		
						+		
		11	24	CLIENT NOT ELIGIBLE ON SERVICE		0 272	292	20
				DATE		2/2	292	20
						1		
		5404	4	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				